

# Internship Application

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERMANENT  
ADDRESS: \_\_\_\_\_

COLLEGE/UNIVERSITY ENROLLED: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ YEAR IN SCHOOL: \_\_\_\_\_

EMAIL  
ADDRESS: \_\_\_\_\_

MAJOR/MINOR: \_\_\_\_\_

GPA: \_\_\_\_\_

WILL YOU RECEIVE COLLEGE CREDIT? \_\_\_\_\_

AREA OF LEGISLATIVE/POLICY INTEREST: \_\_\_\_\_

ACADEMIC ADVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATES AVAILABLE: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

HOURS PER WEEK YOU COULD WORK: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please submit your resume, writing sample or essay, and at least one recommendation, along with the completed application to the appropriate address listed below.

**Rhode Island Internship Program**  
Office of Senator Jack Reed  
1 Exchange Terrace, Room 408  
Providence, RI 02903

Contact: Nancy Langrall at (401) 528-5200

**Washington, DC Internship Program**  
Office of Senator Jack Reed  
728 Hart Senate Office Building  
Washington, DC 20510

Contact: Cathy Nagle at (202) 224-4642